

Nebraska Chronic Renal Disease Program

Reimbursable Drug Formulary Update February 2016



The Nebraska Chronic Renal Disease (CRD) Program is an income-based, client assistance program that provides payment for pharmaceutical and dialysis services to eligible Nebraska residents diagnosed with End-Stage Renal Disease (ESRD). *The CRD Program does not cover the costs related to any other illness or condition.*

The CRD Program Reimbursable Drug Formulary lists the drugs which are available for reimbursement through the Program. The Formulary was reviewed and updated in the fall of 2015 and **the updated Formulary will take effect on February 1, 2016.**

Reviewers consisted of pharmacists and prescribers (doctors). Each drug listed on the Formulary was reviewed and assessed – resulting in some drugs being removed from the Formulary and others being added.

To control costs and provide service to as many clients as possible, the CRD Program reimburses for generic drugs only – unless there is not a generic drug available.

- *If you have* prescription drug insurance coverage, the Program reimburses the portion that is your responsibility.
- *If you don't have* prescription drug insurance coverage, or the drug isn't covered by your insurance, the Program pays a portion of the drug cost.
 - Reimbursement requests are submitted by – and paid to – pharmacies on your behalf.
 - Costs for renal-related services that are not reimbursed by the Renal Program or other payers *are your responsibility.*

The CRD Program does not cover:

- Any service related to the treatment of diabetes or other non-renal related conditions.
- Post-kidney transplant immunosuppressant (anti-rejection) drugs.
- Services which are investigative or experimental.
- Any service denied by Medicare, Medicaid or any other health insurance as not medically necessary for the individual client.

The State of Nebraska provides 100% of the funding for the CRD Program and the amount is limited. The Program only pays for covered services after all other payment sources – including Medicare, Medicaid, private insurance or any other health insurance – have determined and paid their share.